

Report Highlights

- Updated Guidelines and Standards: Diabetes Care, Clinical Practice, and Diabetes Self-Management Education and Support
- Success Story: The Quality Diabetes Education Initiative in Montana
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- Resources

Updated Guidelines and Standards for Diabetes Care, Clinical Practice, and Diabetes Self-Management Education and Support

The 2013 Clinical Practice Recommendations have been released by the American Diabetes Association (ADA).

The ADA Clinical Practice Guidelines are based on a complete review of the relevant literature by a diverse group of highly trained clinicians that participate on the ADA Professional Practice Committee. This Committee weighs the quality of evidence from clinical trials and expert opinion and then drafts, reviews, and submits recommendations for approval to the ADA Executive Committee. The recommendations are revised regularly and published annually in *Diabetes Care*.

The current recommendations have undergone several small changes, which are identified in the Summary of Revisions for the 2013 Clinical Practice Recommendations.

Position statements are given on the following topics:

- Standards of Medical Care in Diabetes—2013
- Diagnosis and Classification of Diabetes Mellitus
- Diabetes Care in the School and Day Care Setting
- Diabetes and Driving
- Diabetes Management in Correctional Institutions
- Diabetes and Employment
- Third-Party Reimbursement for Diabetes Care, Self-Management Education, and Supplies

The National Standards for Diabetes Self-Management Education and Support is released as part of this publication and represents a major revision completed in 2012.

In the *Diabetes Care* Electronic Pages, the position statements, systematic reviews, consensus reports and scientific statements are defined and the recent and relevant items in these categories are cited.

Please take time to review these important updates to diabetes care. The 2013 Clinical Practice Recommendations are available online at:
<http://professional.diabetes.org/CPR>.

Success Story: The Quality Diabetes Education Initiative in Montana

This report highlights the successes that the Montana Diabetes Project has had in expanding access to quality diabetes education through its Quality Diabetes Education Initiative (QDEI), which was established in 2000.

Montana has developed a strong network of diabetes educators and diabetes self-management education (DSME) programs. See page 4 for links to search for educators and DSME programs. See the attached map for the locations of DSME programs in Montana.

Introduction

DSME is an integral component of diabetes care; however, skilled educators and recognized or accredited programs are not uniformly available in rural or frontier communities. This affects access to quality diabetes education for Montanans with diabetes or prediabetes.

The QDEI addresses these challenges in two primary ways by:

- 1) Enhancing the knowledge and skills of diabetes educators and supporting them to become Certified Diabetes Educators (CDEs).
- 2) Increasing the number of DSME programs that meet the National Standards for DSME and Support and assist them to become recognized or accredited.

Accordingly, the target audiences for the technical assistance provided through the QDEI are the health professionals and outpatient facilities that provide DSME.

Supporting Diabetes Educators

The QDEI Coordinator helps diabetes educators improve their knowledge and skills through a self-study and peer-mentoring process tailored to the needs of the educator, clients, and setting. There are several options available for the self-study with an accompanying book or guide, which are available for loan through the Montana Diabetes Project lending library.

- 1) An easy-to-understand overview of diabetes or a focus on type 1 diabetes using the *ADA Complete Guide to Diabetes* or *Understanding Insulin-Dependent Diabetes*.
- 2) Diabetes information targeted to dietitians using the *ADA Guide to Medical Nutrition Therapy for Diabetes*.
- 3) A more intensive study of diabetes, or for educators preparing for the CDE exam using *A Core Curriculum for Diabetes Education* from the American Association of Diabetes Educators (AADE).

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DIABETES CARE INDICATORS

MONTANA PHYSICIAN OFFICES AND DIABETES EDUCATION PROGRAMS

Figure 1. Diabetes care indicators from primary care practices in Montana participating in DQCMS, 1st Quarter (January to March 2013). N = 28 clinics; 8,996 patients.

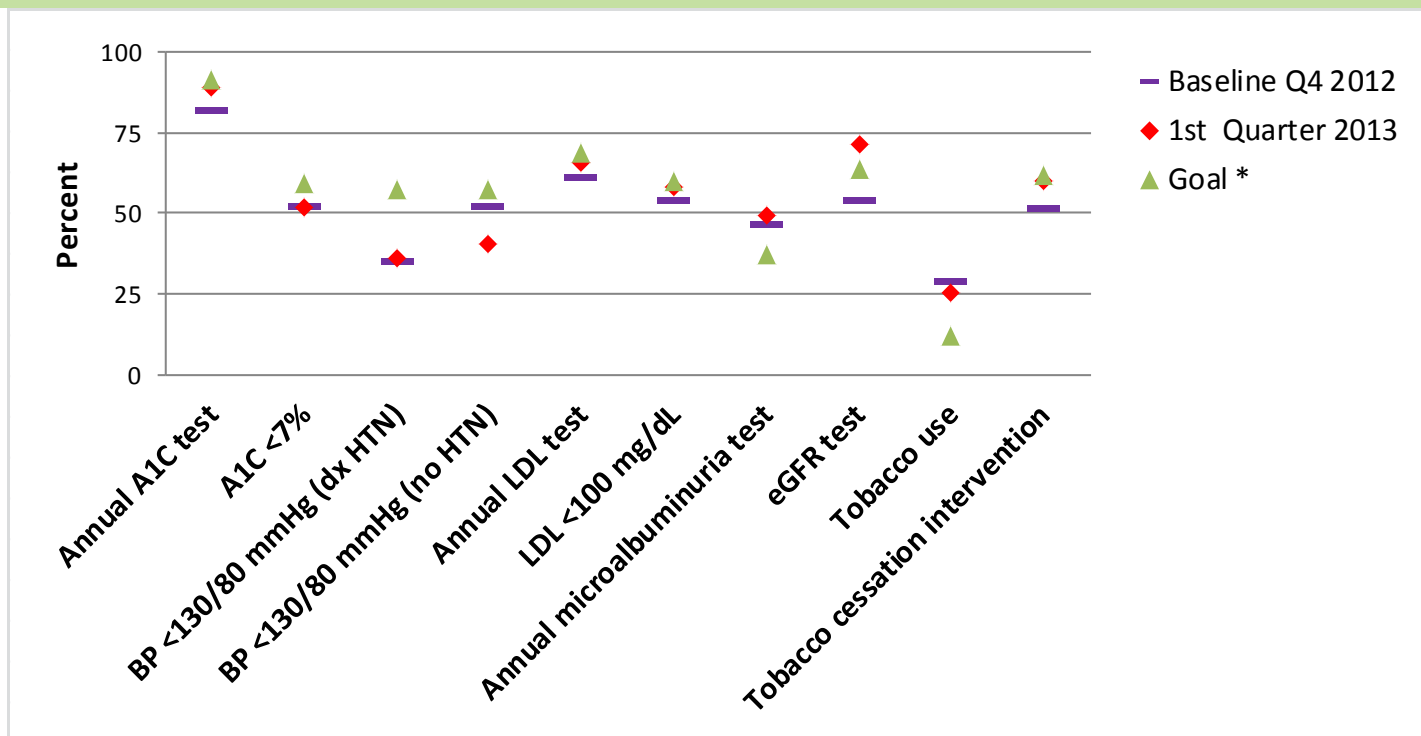
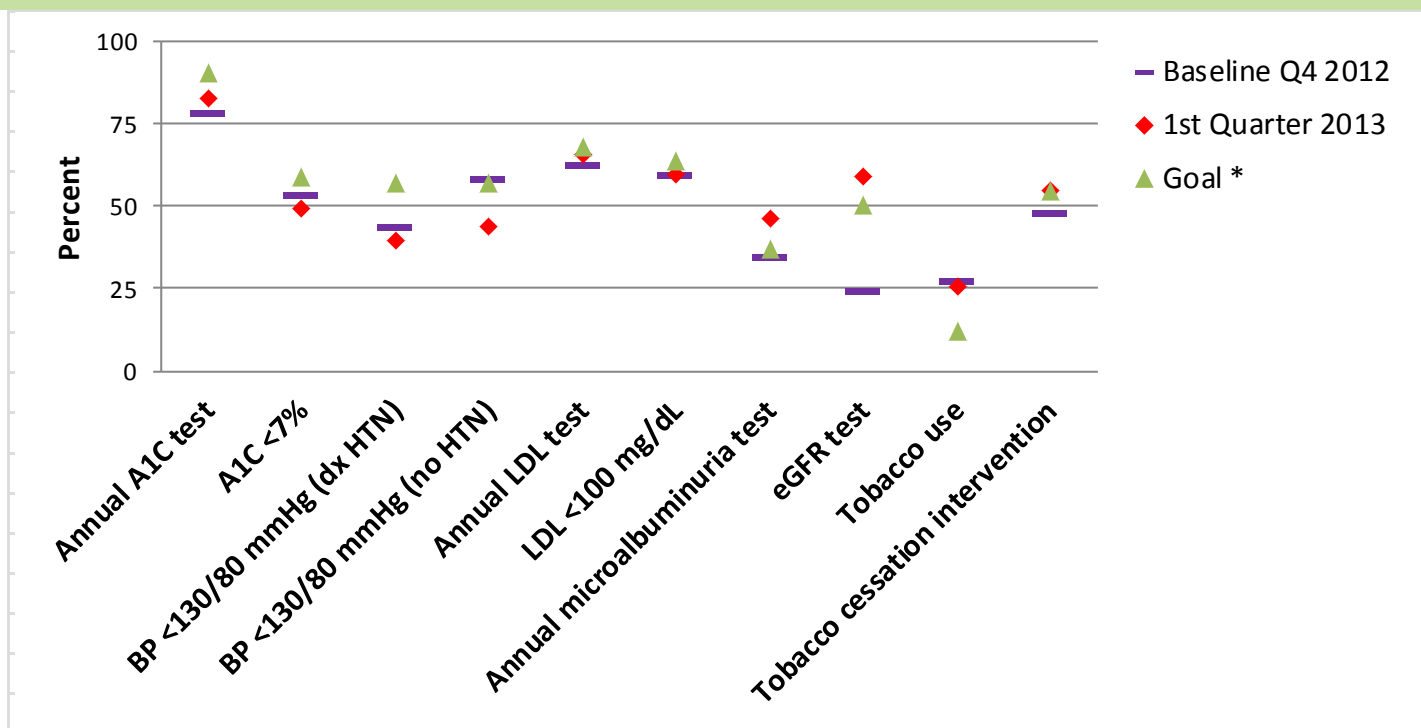


Figure 2. Diabetes care indicators from diabetes self-management education and support programs in Montana participating in DQCMS, 1st Quarter (January to March 2013). N = 7 sites; 3,498 patients.



DQCMS = Diabetes Quality Care Monitoring System. Data presented here are for adult diabetes patients seen within the last year.
 *Montana's statewide quality improvement goals for diabetes have been updated in 2013. The goals are based upon Healthy People 2020 or a 10% improvement from baseline either in the absence of a Healthy People 2020 goal or when Montana had met that goal.

SUCCESS STORY:

THE QUALITY DIABETES EDUCATION INITIATIVE IN MONTANA

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For the self-study period, the QDEI Coordinator matches the diabetes educator with a CDE peer mentor. Peer-mentoring can be highly successful and implemented in a variety of ways. Informal mentoring occurs in the diabetes education community as health professionals aim to improve their knowledge and skills by seeking out experienced diabetes educators. The QDEI Coordinator has organized this mentoring process, and success has been attributed to its more formal, tailored approach to meet the needs of the diabetes educator. The QDEI Coordinator facilitates relationships between diabetes educators across Montana. Volunteer CDE mentors are recruited from the Montana Diabetes Educators Network (the Montana Chapter of the AADE). Partnering with this professional organization has been a mutually beneficial relationship, strengthening both the QDEI peer-mentoring program and the Montana Diabetes Educators Network. Other peer-mentoring programs are provided by the National Certification Board for Diabetes Educators (NCBDE) and the Academy of Nutrition and Dietetics.

From 2000 to 2012, 128 individuals enrolled in the QDEI self-study and peer-mentoring program, the majority of whom were nurses (80%) or dietitians (16%). Fifty (39%) of these individuals completed their self-study and peer-mentoring option. Of participants who completed the program, 25 (50%) achieved the CDE credential. The number of CDEs in Montana increased from 52 CDEs in 2000 to 82 CDEs in 2012 (per NCBDE data, 6/2013). The majority of the new CDEs participated in the QDEI peer-mentoring program, and over half provide services in rural or frontier counties.

Supporting DSME Programs

The QDEI Coordinator provides technical assistance and support to outpatient facilities developing new DSME programs and to those pursuing recognition or accreditation through the ADA or AADE. Setting up and supporting DSME programs includes sharing professional resources, patient education materials, and guidance on referrals. The technical assistance includes assessing if the DSME program meets the standards for recognition or accreditation, navigating the application process, preparing and submitting annual reports, and applying for renewal.

This technical assistance for DSME program development and recognition/accreditation was provided to 45 facilities, 31 (69%) of which received recognition or accreditation. The number of recognized or accredited DSME programs increased from 2 programs in 1999 to 27 programs in 2013. Currently, 15 (56%) are located in rural/frontier counties. An additional 12 programs are Indian Health Service Community-Directed Special Diabetes Programs, one of which is accredited by the AADE (map).

Conclusions and Future Directions

The self-study, peer-mentoring and technical assistance provided through the QDEI are highly effective approaches to build the diabetes education workforce knowledge and skills necessary for DSME, to support the development and recognition or accreditation of DSME programs, and to increase access to quality DSME in Montana. The QDEI will continue to work on increasing access, referrals, participation, and reimbursement for DSME. Challenges remain in providing DSME services to the growing number of people with prediabetes or diabetes, meeting the needs of populations facing health disparities, and promoting referrals and participation in DSME.

Diabetes educators support both prevention for those with prediabetes and self-management for those with diabetes, and the increasing prevalence of prediabetes or diabetes creates a large need for DSME. In 2009, the QDEI assessed the capacity of Montana's DSME programs by a Web-based survey. Results indicated that the programs have the capacity to provide DSME services to more people with diabetes and lifestyle intervention services to those at risk for type 2 diabetes.¹ However, only 59% of adults with diabetes in 2011 reported having ever taken a class in managing diabetes.² Therefore, many people eligible for DSME benefits may not have used their benefit, been referred to a diabetes educator for DSME, or participated in a DSME class. The Montana Cardiovascular Disease and Diabetes Prevention Program is one opportunity for diabetes educators to provide lifestyle intervention services. Visit www.mtprevention.org to learn more about the prevention program.

Specific populations in Montana have a notably higher burden of prediabetes and diabetes, such as American Indians, older adults, and persons with low socioeconomic status or a disability, and can face barriers to diabetes self-management. Partnerships with stakeholders, utilizing community resources, and delivering services via telehealth are important approaches in reaching these populations.

For more information, please contact the QDEI Coordinator Marci Butcher, RD, CDE at (406) 535-4797 or m butcher@midrivers.com.

References

1. Butcher MK, Vanderwood KK, Hall TO, Gohdes D, Helgersson SD, Harwell TS. Capacity of diabetes education programs to provide both diabetes self-management education and to implement diabetes prevention services. *J Public Health Manag Pract* 2011;17(3):242-247.
2. MT BRFSS. Helena, MT: MT DPHHS, 2011.

RESOURCES

DIABETES EDUCATION

Find a Diabetes Educator:

<https://www.healthmonitor.com/AADE/finder.do>

Find a Diabetes Self-Management Education Program:

Recognized by the American Diabetes Association

http://professional.diabetes.org/erp_list.aspx

Accredited by the American Association of Diabetes Educators

<http://www.diabeteseducator.org/ProfessionalResources/accred/Programs.html>

Native American Programs

<http://www.diabetes.org/in-my-community/programs/native-american-programs/>

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Prevention
Program
Coordinator
vacant



Healthy People. Healthy Communities.
Department of Public Health & Human Services

UPCOMING EVENTS

Diabetes Advisory Coalition Meeting
July 26, 2013, Holiday Inn, Bozeman, MT

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Montana Diabetes Educators Network Meeting
October 17, 2013, Crowne Plaza, Billings, MT

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16th Annual Diabetes Professional Conference
October 17-18, 2013, Crowne Plaza, Billings, MT

For the above events:

Contact Susan Day at (406) 444-6677 or sday@mt.gov

Tour de Cure Montana

September 14, 2014, Missouri Headwaters State Park,
Three Forks, MT

Contact Elise Coy at (800) 676-4065 ext. 7014 or
ecoy@diabetes.org

EAT WELL, LIVE WELL

Get the tools you need to help American Indian and Alaska Native people with diabetes live longer, healthier lives.

The American Indian/Alaska Native Fat and Calorie Counter contains a list of foods commonly eaten by American Indians and Alaska Natives. This food list helps people keep track of fat grams and calories eaten so that they can choose the healthiest food options. Order your FREE Fat and Calorie Counter today at aianpt@cdc.gov.

ONLINE RESOURCES AT YOUR FINGERTIPS!

www.diabetes.mt.gov

- Montana Diabetes State Plan for 2009-2014
- Report on the Burden of Diabetes in Montana
- Diabetes Quality Care Monitoring System Information
- **Archived Diabetes Quality Improvement Reports, which have been published since 1998**
- Archived Surveillance Reports
- Diabetes Self-Management Education information
- Resources for clinicians, diabetes educators, and schools

